





# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use	
Fee Paid	
Date	

					NIZATION,			
Name KE	ITH OR (	CAROL S	SENSING		Home Te	1:(805)9	947 - 5	7281
Mailing Ad	dress 125	9 E. AVE.	R2		Work Tel	(805) 2	174	9557 (CAROL
					FA			
	2. CON e as abov		PERSON	TO CAL	L ABOUT TH	IE APPI	LICAT	ION
Name					Home Te	l:()_		
City		S	tateZ	ip+4	+FA	X:()		
				-				
Section	3. STAT	rement	OF INT	ENT	5 (-0:	3 CFS	5)	
DESCRIPT not sufficient Estimate a	of IRRIGATION OF TON OF	HE PLACI OF SHORT Innual quanti	E OF USE.  PLAT 92-11) ty to be used	See instruct  N.E. 1/4 OF  I in acre-feet	roject. Indicate the	ax parcel n TION (	ATTAC number or 29W or	ch A "LEGAL"  a plat number is  w.m. (Volume 900
	4. WAT		RCE		If GROUNDWA	TER		
lake, etc.	water sourc If unnamed stream," etc	, write "unr			A permit is desire	d for	v	vell(s).
SOUTH	H FORIL	NASEL	LE RIVE	R	**			
	ows into (nam		of water):		Size & depth of w	rell(s):		
LOCATI		2/1 /		<u> </u>				
Enter the nearest se	north-south	er: 200-			rom the point of 300-400 FT		or witho	Irawal to the
56	E A77	HCHE!)				If loca		rce is platted, complete
¼ of	¼ of	Section	Township	Range(E/W)	County	Lot	Block	Subdivision
N.E.	N.E.	20	10 N	9 W	PACIFIC	2		92-11
SEPA: Exem	Use Date R  pt/Not Exempt	FERC I	0/20/9 License #E		ity Date: /// Q Dept. Of He			WRIA: 24

APPLICATION

Appl. No.: 52-29547

	Name of system, if named: * NASELLE WATER CO.
3.	Briefly describe your proposed water system. (See instructions.)  **NASELLE WATER CO. PROVIDES WATER FOR HOUSEHOLD USES.
	€ ·
2.	Do you already have any water rights or claims associated with this property or system? $\square$ YES $\square$ NO PROVIDE DOCUMENTATION. $\upsilon \sim \mathcal{K} \rho \circ \omega \wedge \mathcal{K} \rho \circ \mathcal$
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
۸.	Number of "connections" requested: Type of connection
3.	Are you within the area of an approved water system?   (Homes, Apartment, Recreational, etc.)  YES   NO If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.
).	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
Sec	If yes, when was it approved? Please attach the current approved version of your plan.  ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
Sec (Ca	If yes, when was it approved? Please attach the current approved version of your plan.
Sec (Ca	If yes, when was it approved? Please attach the current approved version of your plan.  ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION  omplete for all irrigation and agriculture uses.)
Sec (Ca	If yes, when was it approved? Please attach the current approved version of your plan.  ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION  omplete for all irrigation and agriculture uses.)  Total number of acres to be irrigated:  List total number of acres for other specified agricultural uses:
	If yes, when was it approved? Please attach the current approved version of your plan.  ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION  omplete for all irrigation and agriculture uses.)  Total number of acres to be irrigated:
Sec (Ca	Please attach the current approved version of your plan.  Ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION  Complete for all irrigation and agriculture uses.)  Total number of acres to be irrigated:  List total number of acres for other specified agricultural uses:  Use Acres Use Acres Use Acres  Total number of acres to be covered by this application:  Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  \$\frac{1}{2}\$ Acreage irrigated under water rights acquired after December 8, 1977;  \$\frac{1}{2}\$ Acreage proposed to be irrigated under this application;
Sec (Ca	If yes, when was it approved? Please attach the current approved version of your plan.  Contain Trigation and agriculture uses.)  Total number of acres to be irrigated:  List total number of acres for other specified agricultural uses:  Use Acres Use Acres Use Acres  Total number of acres to be covered by this application: Compared to be covered by this application: Compared to the acreage in which you have a controlling interest, including only:    ‡ Acreage irrigated under water rights acquired after December 8, 1977;    ‡ Acreage proposed to be irrigated under this application;

#### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES ⋈ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

#### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. FROM HWY 401 TURN ON KNAPPTON ROAD GO TO 50 KNAPPTON ROAD. THIS LOCATION IS BETWEEN THE 9 AND 10 MILE MARKERS ON HWY 401, APPROXIMATELY! D MILES SOUTH OF THE NASELLE POST OFFICE ON KNAPPTON ROAD,

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

### Section 11. PROPERTY OWNERSHIP

A.	Does the applicant own the land on which the water will be If no, explain the applicant's interest in the place of use and owner(s):		▼ YES □ NO Idress(es) of the
В.	Does the applicant own the land on which the water source If no, submit a copy of agreement:	is located?	¥YES □ NO
order	tify that the information above is true and accurate to the ker to process my application, I grant staff from the Department monitoring purposes. Even though I may have been assisted imployees of the Department of Ecology, all responsibility for	ent of Ecology access to the d in the preparation of the	e site for inspection above application by
Appli	icant (or authorized representative)	10/10/97 Date	
	SAME owner for place of use (if same as applicant, write "same")	-	
Land	owner for place of use (if same as applicant, write "same")	Date	



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

WE ANTICIPATE USING A SMALL PORTABLE PUMP TO WITH DRAW WATER FROM THE RIVER IN VARIOUS LOCATIONS FOR SPRINKLERS TO IRRIGATE
THE PASTURE GRASSES AND TREES BURROUNDING THE EXISTING CABIN AND GARAGE INSTEAD OF USING CITY SUPPLIED WATER FROM THE NASELLE WATER COMPANY. FUTURE USE WILL INCLUDE KITCHEN GARDEN.

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	ť	el de la companya de
Explanation:  Please provide the additional information requested above (date).	and return your	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).





